

GUIDE TO COMMON VICTUALLER LICENSES

Pursuant to MGL c140 ss2-9, a license must be obtained before operating as a Common Victualler. Licensure is valid from the date of the license through the following December 31 only. The nonrefundable application fee is \$50.00, and the nonrefundable license fee is \$300.00.

To complete the application:

1. Fill in the Application for a Common Victualler's License. Fill in and sign the top half of the Certificate of Good Standing. Fill in and sign the State Dept. of Industrial Accidents Workers Compensation Insurance Affidavit.
2. Attach the following materials to the Application:
 - Floor Plan (the layout of the premises)
 - Menu (the proposed menu, with pricing)
 - Lease (the agreement for use of the premises)
 - Purchase and Sales Agreement (only if purchasing an existing business)
3. Proceed to each of these Departments to obtain sign-offs:

Inspectional Services Division: 617 625-6600 x5600	Mon-Wed 8AM-4PM, Thu 8AM-7PM, Fri 8AM-Noon 1 Franey Road (DPW behind Trum Field on Broadway)
Health Inspector: 617 625-6600 x4331	Mon-Wed 8AM-4PM, Thu 8AM-7PM, Fri 8AM-Noon 1 Franey Road (DPW behind Trum Field on Broadway)
4. Contact the Ward Alderman and any neighborhood groups to discuss the application and any questions or concerns.
5. Proceed to the Treasury to confirm that all taxes and fees have been paid and obtain a sign-off on the Certificate of Good Standing, as follows:

Treasury: 617 625-6600 x3500	Mon-Wed 8:30-4PM, Thu 8:30-7PM, Fri 8:30-Noon 93 Highland Avenue (City Hall)
---------------------------------	---
6. Submit the application and the nonrefundable application fee to the Licensing Commission, City Clerk's Office, 93 Highland Avenue, Somerville, MA, 02143, 617 625-6600 x4108, email licensing@somervillema.gov, fax 617 625-4239. The Licensing Commission usually meets on the 3rd Monday of the month. Applications must be submitted at least ten days before the meeting. Applicants must attend the meeting.
7. Following approval by the Licensing Commission, final sign-offs from the Departments listed above, and others, will be required before the License will be issued.

APPLICATION FOR A COMMON VICTUALLER'S LICENSE

Application Fee \$50 License Fee \$300

Date _____

FOR LICENSING COMMISSION ONLY

Date Recorded _____

Amount Paid _____

☐ New Application

☐ Renewing Application with Additions or Changes

Business (DBA) Name: _____ Phone: _____

Business Location in Somerville (with Zip Code): _____

Applicant's Federal Employer Identification Number: _____

Applicant's Legal Name: _____

Mailing Name (where we should send correspondence to): _____

Mailing Address (with Zip Code): _____

Emergency Contact: _____ Phone: _____

Manager (Proprietor): _____

Type of Business (Check Only One and Provide the Names Indicated):

☐ **Sole Proprietor:** Name of Owner: _____

☐ **Partnership (inc. LLP):** Name of Partnership: _____

Names of All Partners Who Own More Than 20%: _____

☐ **Trust:** Name of Trust: _____

Names of All Trustees Who Own More Than 20%: _____

☐ **Corporation:** Name of Corporation: _____

Name of President: _____

Name of Secretary: _____ Name of Treasurer: _____

☐ **LLC:** Name of LLC: _____

Names of All Managers Who Own More Than 20%: _____

☐ **Other** (Attach a Description of the Form of Ownership and the Names of Owners)

Business (DBA) Name: _____

Hours of operation: _____

Seating capacity: _____

Describe food services (table service, counter service, cafeteria, packaged food only, etc.): _____

Describe any other business operating on premises: _____

Have you ever obtained a common victualler license before? Y __ N __

If yes, list year, city and state _____

Have you ever had a common victualler license denied, revoked or suspended? Y __ N __

If yes, list year, city and state _____

ACKNOWLEDGEMENT

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this license. This license will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Signature of Applicant: _____ Date: _____

Print Name: _____ Phone: _____

Obtain the signatures below before submitting this form to the Licensing Commission.

__Preliminary Meeting Date _____ _____ Inspectional Services Sup't or designee	__Preliminary Meeting Date _____ _____ Health Inspector or Designee
---	--



City of Somerville, Massachusetts
Finance Department, Treasury Division

CERTIFICATE OF GOOD STANDING

Exact name of taxpayer/applicant's business: _____

Address of taxpayer/applicant's business in Somerville: _____

Address of taxpayer/applicant's home in Somerville: _____

Taxpayer/applicant's phone: day: _____ evening: _____

I, (print name), the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this _____ day of _____, 20____. _____
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ **INCLUDES RELEVANT POSTINGS THROUGH:** _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

☐ Real Estate ☐ Water/Sewer ☐ Personal Property ☐ Other: _____

_____ # _____ # _____ # _____

NOTES:

CLERK'S INITIALS: _____

ORIGINAL STAMP:

***The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, Mass. 02111***

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

- | | |
|--|--|
| <p><input type="checkbox"/> I am an employer with _____ employees (full and/or part time).</p> <p><input type="checkbox"/> I am a sole proprietor or partnership and have no employees.</p> <p><input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees.</p> <p><input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.</p> | <p>Business Type: <input type="checkbox"/> Retail</p> <p><input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p><input type="checkbox"/> Office and/or Sales (real estate, auto, etc.)</p> <p><input type="checkbox"/> Nonprofit</p> <p><input type="checkbox"/> Entertainment</p> <p><input type="checkbox"/> Manufacturing</p> <p><input type="checkbox"/> Health Care</p> <p><input type="checkbox"/> Other _____</p> |
|--|--|

Workers' compensation insurance information (if applicable):

Insurance Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Policy #: _____ Expiration Date: _____

Applicant certification:

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Print Name: _____

Official use only. Do not write in this area. To be completed by city or town official.

City or Town: _____ **Permit/License #:** _____

Contact Person: _____ **Phone #:** _____

- ☐ **Board of Health**
- ☐ **Building Department**
- ☐ **City/Town Clerk**
- ☐ **Licensing Board**
- ☐ **Selectmen's Office**
- ☐ **Other** _____